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APPLICANTS Tatsuo Ito, Osaka-shi, JAPAN; Teruhiro Shiono, Osaka-shi, JAPAN; Seiji Nishino, Osaka-shi, JAPAN; Hiroaki Yamamoto, Kawabe-gun, JAPAN;				
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 9
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ADDRESS HAMRE, SCHUMANN, MUELLER & LARSON, P.C. P.O. BOX 2902 MINNEAPOLIS, MN55402-0902				
TITLE OPTICAL HEAD DEVICE AND OPTICAL INFORMATION REPRODUCING DEVICE				
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